

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 14 2011

Application No.: 11-0421
Date: 11/21/11
Zoning District: R-1, Class 1
Amount Paid: \$327.00 10/14/11 PMH

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER ☐

Use Tax Statement for Legal Description

Legal Description 1/4 of 1555 CSM #304 1/4 of Section 34 Township 44 North, Range 06 West, Town of Grandview
Gov't Lot 4 Lot 1555 Block 304 Subdivision 04-021-2-44-06-34-3 CSM # 05-004-10000 Acreage 38

Volume 5 Page 258 of Deeds Parcel I.D. 04-021-2-44-06-34-3

Property Owner Steuert Suzanne Jansen

Contractor Northland recreational (Phone) 715 634-6366

Address of Property 4630 Point of View Rd

Plumber Viscocky Plumbing & Heating

Cable, WI 54821

Authorized Agent Monte Curtis (Phone) 715-492-8808

Telephone 678-591-8842 (Home) 401-933-0440 (Work)

Written Authorization Attached: ☒ Yes ☐ No

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If yes,

Distance from Shoreline: greater than 75' ☒ 75' to 40' ☐ less than 40' ☐

Structure: New ☐ Addition ☒ Existing ☐

Basement: Yes ☐ No ☒ Number of Stories 1

Fair Market Value 109,000 Square Footage 270

Sanitary: New ☐ Existing ☒ Privy ☐ City ☐

USE: 10' x 27'

Type of Septic/Sanitary System Cenw w/ lift

☐ Residence or Principal Structure (# of bedrooms) 10' x 27'

☐ Mobile Home (manufactured date)

Residence sq. ft. _____

☐ Commercial Principal Building

☐ Residence w/deck-porch (# of bedrooms) _____

☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

☐ Commercial Accessory Building Addition (explain) _____

☐ Residence w/attached garage (# of bedrooms) _____

☐ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

☐ Special/Conditional Use (explain) _____

☒ Residential Addition / Alteration (explain) attach house to garage

☐ Residential Accessory Building (explain) entrance to bath house

☐ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building Addition (explain) convert existing garage to

☐ External Improvements to Accessory Building (explain) _____

☐ Residential Other (explain) bedrooms + bath house

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Monte Curtis Date Oct 12-2011

Address to send permit 1036 Hayward Ct Hayward WI 54843

ATTACH

* See Notice on Back
APPLICANT — PLEASE COMPLETE REVERSE SIDE
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 467128 Date 11-10-04

Date 11/21/11 Permit Number 11-0421 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing meet all required setbacks. Property lines on agent's representation By Mr. Funtak Date of Inspection 10-13-11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: _____

Rec'd for Issuance

Signed

Michael Funtak

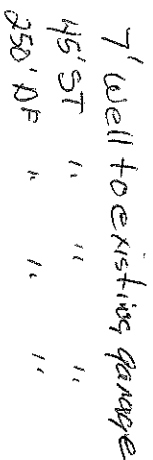
Inspector

Date of Approval

NOV 2 2011

Secretarial Stamp

Lot Line



Q39

- IMPORTANT**
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

- g. Holding tank to lake, river, stream or pond
h. Privy to closest lot line

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.